



Agency Interest No. \_\_\_\_\_

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY  
FINANCIAL SERVICES DIVISION  
WASTE TIRE PROGRAM  
POST OFFICE BOX 4303  
BATON ROUGE, LOUISIANA 70821-4303

**WASTE TIRE TRANSPORTER MODIFICATION FORM**

**Transporter No:**

**Authorization Certificate No: RT-**

**I. Applicant Information** (PLEASE PRINT OR TYPE)

Name of Business/Organization:

Mailing Address:

Address or P. O. Box

City

State

Zip Code

Telephone Number:

Authorization Certificate Number:

**II. Tax ID No.**

Federal Tax ID No:

State Tax ID No:

**III. Fees**      **Each Vehicle: \$25 per year** (July 1-June30)

**\*Submit all fees by check or money order, made payable to the LDEQ, and mail to the above address. Attach current proof of liability insurance for each vehicle that will be utilized for the transport of waste tires.**

**IV. Vehicle Deletions:**

Make

Model

Year

License Plate No.

Registered Owner

**V. Vehicle Additions:**

Make

Model

Year

License Plate No.

Registered Owner

**VI. CERTIFICATION:**

I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND HEREBY CERTIFY UNDER PENALTY OF LAW THAT THIS INFORMATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

